

**CENTRAL DISTRICT HEALTH DEPARTMENT  
BOARD OF HEALTH MEETING  
August 26, 2005**

**BOARD MEMBERS PRESENT:**

Dr. Martin Gabica, Chair  
Mary Egusquiza, Vice-Chair  
Steven Scanlin, JD, Trustee  
Kathy Holley, Secretary

Phil Davis  
Jane Young, RN, ND, CRNP  
Betty Ann Nettleton, RN

**ABSENT:**

Fred Lawson

**ATTENDEES:**

Dave Neal

**CENTRAL DISTRICT HEALTH DEPARTMENT (CDHD) ATTENDEES:**

Meghan Muguira  
Margaret Ross  
Tom Schmalz

Mike Reno  
Rob Howarth

Donna Mahan  
Cindy Trail

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The Board of Health meeting was called to order at 1:10 p.m.

**CALL BOARD MEETING TO ORDER – Marty Gabica**

Marty Gabica, Chair called the meeting to order at 1:10 p.m.

**ACTION ON MAY 20, 2005 MINUTES - Marty Gabica**

**Motion:** Mary Egusquiza moved to approve the minutes as presented;  
Betty Ann Nettleton seconded; no discussion; all in favor; motion carried.

**INFORMATION ON HIDDEN HOLLOW EXPANSION - Dave Neal**

Dave Neal, Ada County Solid Waste Management Director, provided a Power Point presentation on the Hidden Hollow expansion – Ada County's Municipal Solid Waste

Landfill Facility. They have sought a new permit for an additional solid waste landfill facility on the North side of the existing site. The Hidden Hollow Landfill was opened in 1972 on 240 acres of leased land northwest of the City of Boise. Beginning in the 1980's, Ada County began acquiring property that would become the Ada County landfill, roughly 2,700 acres. Partnership between Ada County and private contractors run the landfill.

In 2010 Hidden Hollow should reach capacity. Currently the landfill is at 1/3 capacity, which includes landfill gas collection system. The Board of Ada County Commissioners sought input from the public by hosting nine public meetings and, based on the received input, they were able to establish goals and criteria.

The preferred option was to develop a new landfill cell on existing landfill property that includes the possibility of a second landfill developed by BFI in the area of Black's Creek Road in southeast Ada County. The North Ravine cell has a 100-year site and a 120-year site. Before construction, the new site must meet certain requirements and on June 28, 2005, the Director of the Idaho Department of Environmental Quality certified the proposed site (the North Ravine Cell) as "in compliance with Idaho Code § 39-7407 – Site Certification."

Central District Health Department oversees the operation of all landfills within its district, which includes the approval of site operations plan and annual inspections. If all goes well, Ada County will receive approval of the final landfill design by February 2006 and by March 2006 have a contractor and begin construction. Completion of the first phase is estimated for April 2007. The first phase will take five years to complete at \$16 million.

## **INFORMATION ON TRUSTEE REPORT - Steve Scanlin & Betty Ann Nettleton**

### NALBOH in Nashville

Steve Scanlin and Betty Ann Nettleton attended different workshops at NALBOH. There were two key topics that impressed Betty Ann. Our national obesity problem is a pending crisis and she believes we will see a lot more effort at a grassroots level regarding this issue. The second, performance standards, are coming and hopefully this will be more of a collaboration issue than a punitive issue.

Steve went to a workshop called "Infectious Diseases and Quarantines - Legal Principles for Local Boards of Health" where he learned the difference between isolation and quarantine. He attended "Marketing Public Health" regarding public relations efforts. In addition, he went to a workshop called "Public Health Workers Shortage: How Local Boards of Health Can Be Part of the Solution." They talked about recruitment and retention of highly paid public health officials, which will be beneficial to him as we hire a new Director.

It is very worthwhile to send people to national meetings. Next year the conference will be in San Antonio. These trainings provide insight for where Central District Health Department is in comparison with other Health Districts in the nations.

## **FINANCIAL REPORT – Meghan Muguira & Kathy Holley**

### **FY 2005 Year-End Budget to Actual**

The “Budget to Actual” report for June 30, 2005 year-end was reviewed, comparing revenue and expenditures from budget to actual. Fee revenues came in \$257,902 (13%) over budget.

We had an overall 2% savings in personnel cost with the overall budget variance at 4%. Because our revenue exceeded our budget and we were under budget in expenditures, our \$471,139 total budget variance took the place of the \$373,983 we had planned to pull from our reserve account for this year. Therefore, we did not have to draw anything out of reserve. We had a modified accrual actual carryover of \$97,156.

### **Carry-Over And Reserve Designation**

Cash Basis Fund Statement at year-end, as of June 30, the District’s cash balance was \$1,314,823.

After ‘Year-end Adjustments’, we have an ‘Ending Cash Balance’ of \$839,694. We are proposing that \$336,694 be used as a carryover for designated projects:

- Central kitchen for Senior Nutrition – CDHD is proposing that \$34,000 be used to assist in covering the feasibility study. We are working with the City of Meridian and the City of Boise to see if either of them would be willing to donate land. The City of Meridian will be building a new city hall and has included a plan for a central kitchen in their feasibility study. We are going to give them a proposal.
- Three (3) hybrid vehicles for Environmental Health – CDHD is proposing that \$75,000 be spent on adding three new hybrid vehicles to EH’s fleet. Since we expect our workers to be in the field, we need to provide transportation for them.
- Storage building/Boise – CDHD is proposing that \$200,000 be used for a new storage building in Boise. Our current building is slightly bigger than our allowed footprint; thus we cannot add to this building. However, we can build a storage building at least 20 feet away from our current building. Dr. Gabica suggested that we talk with both hospitals about available land.
- Building repair/maintenance/improvement fund – CDHD is proposing that \$27,694 be used for building repair, maintenance, and improvement of buildings.

This leaves us with the balance being designated in the permanent building fund of \$503,000. No change from prior year.

**Motion:** Betty Ann Nettleton moved to accept the finalized budget report and the carryover and reserve designations; Mary Egusquiza seconded; no discussion; all in favor; motion carried.

## **ACTION ON FY 2005 FEE SCHEDULE - Meghan Muguira**

This is the time of year we do a cost analysis of our services. Meghan reviewed the FY 2006 Proposed fee changes.

### **FY 2006 Proposed Sliding Fees**

The table notes the proposed changes.

<b><u>Client</u></b>	<b><u>Current</u></b>	<b><u>Proposed for 2006</u></b>
A Client	<=100% poverty = Donation	<=100% poverty = Donation
B Client	101-125% = 25% of full fee	101-133% = 33% of full fee
C Client	126-250% = 50% of full fee	134-250% = 66% of full fee
D Client	>250% = full fee	>250% = full fee.

Since we allow for clients to put their balance on account and make payments, Linda Knopp does not feel this would be a hardship to those in the 133% range. Reports indicate Family Planning has about 58 to 60% of their clients in the A and B category. This change would affect 357 clients out of 12,000.

### **FY 2006 Proposed Family Health and Risk Reduction Fees**

In the Immunizations program, we are proposing to adjust fees for District vaccine. The first dose would be \$26 and the second dose \$18. The need for Pneumonia vaccination is on the raise. We are proposing a sliding scale on the administrative fee to make it easier for people to receive this vaccination. Flu shots will be \$22.

Fees for Clinic Services in Family Planning are going up 8% from last year. The real percent increase is only 2% because of a mistake that was made in last year's fee calculation. Megan Muguira understated the indirect costs on last year's Family Planning fees. As a result of this mistake, if all clients had paid 100%, it would have cost \$68,000 lost in revenue to the District. When applying the percentage of poverty level, the loss was calculated to be \$14,000. Meghan has reported this to the legislator auditor, who will evaluate the mistake during the next audit.

Dr. Young and Dr. Gabica received details on individual service costs. Meghan uses Dr. Gabica's office for a comparison of our fees to market value.

### **FY 2006 Proposed Environmental Health Fees**

Sewage program: We propose no change to the fees.

Installer and Pumps: DEQ has a rule that has established a minimum fee for installer and pumps.

Our issue is that our calculation of fees, which is governed by our rules, has resulted in a fee which is lower than DEQ's minimum. We have a conflict on whose rules govern. Meghan believes our rules should govern. Ms. Holley recommends we have our lawyer investigate this ruling. Based on numbers, it is about \$1,000 in revenue.

Kathy Holley explained that when DEQ separated from H&W, Installer and Pumper fees were left in DEQ's rules. The legislation gave the Health Department authority to set our own fees using our own fee schedule.

Steve Scanlin asked if we had talked with DEQ about this to see how they felt about it. Kathy Holley will send a letter to Toni Hardesty, the Director of DEQ asking their opinion on our charging less than their minimum fee.

**Motion:** Steve Scanlin moved to approve Kathy Holley sending a letter to Toni Hardesty at DEQ regarding fees; Phil Davis seconded; no discussion; all in favor; motion carried.

Dr. Gabica asked for a motion to accept the fees, which includes using the Installer – Standard \$43 and Installers – Complex \$85.

**Motion:** Mr. Scanlin moved to adopt the FY 2006 Fee Schedule; Betty Ann Nettleton seconded; no discussion; all in favor; motion carried.

### **ACTION ON COLLECTION POLICY REVISION - Meghan Muguira**

We are requesting a policy change on 'Policy for turning delinquent accounts over to a Collection Agency.' Under the old policy our payment requirement was that you could pay a minimum of \$10 every three months. We are proposing that we collect \$30 a month within four months before we turn the account over to collection. Everything else in the policy will remain the same.

Board decided that additional month would cost us more money. The change is to encourage clients to pay more on their monthly billing. Dr. Gabica proposed that clients pay at least \$30 in 90 days, which would eliminate an additional billing cost.

Dr. Gabica asked for a motion on adopting the policy change with clients now paying \$30 in 90 days.

**Motion:** Steve Scanlin moved to adopt the policy change from \$10 in 90 days to \$30 in 90 days; Mary Egusquiza seconded; no discussion; all in favor; motion carried.

### **PUBLIC HEALTH - Rob Howarth**

A few months go we reported on a project we were involved in called "Public Health Ready." We were successfully certificated as "Public Health Ready" along all other Health Districts in Idaho, making Idaho the first state in the Nation to be certified as "Public Health

Ready.” The Public Health Ready project was really an audit of our emergency preparedness procedures focusing on three major goals:

1. Emergency Preparedness and Response Planning
2. Workforce Competency Development
3. Exercises/Simulations

We reviewed all our programs in these three areas and reported back to a review committee, which was spearheaded by a collaborative effort between National Association of County and City Health Officials, Columbia University School of Nursing, and the Centers for Disease Control and Prevention. In mid-July Kathy and Rob received a plaque at the joint NACCHO and ASTHO in Boston recognizing our health department as public health ready.

Facts about Public Health Ready, which we believe, are significant. There are approximately 3,000 local public health agencies in the United States. We were a part of Round 2 (2005) pilot projects with 31 applicants that resulted in 14 successful applicants. The successful applicants included all seven of Idaho’s public health districts, Boston Public Health Commission – Boston, MA, Arlington County Public Health Division – Arlington, VA, and Public Health-Seattle & King County – Seattle, WA.

In preparing for the application, we revised our emergency response plan to meet the latest federal standards. We documented every aspect of our partnerships with counties and state agencies; also we demonstrated how our plan works in conjunction with all other plans at the local and state level. In a four month period between December 2004 and March 2005, Central District Health Department had 153 staff complete the Columbia University training course “Emergency Preparedness Core Competencies for All Public Health Workers” between December 2004 and March 2005.

The benefits of the project, Public Health Ready, are that it demonstrates concrete evidence of preparedness; it makes public health and CDHD visible in our community; and it provides a head start on public health “accreditation”. On August 1, 2005, in Washington D.C., NACCHO and ASTHO announced formal efforts to explore development of a voluntary accreditation system for state and local public health agencies.

This project was a great team effort with contributions from Rob Howarth, Cathy Deckys, Darcus Allen, Joca Veloz, and Nicci Knowles.

The question was raised regarding the “real” benefit of this recognition. Rob stated that it put us in good standing with NAACHO and now CDHD is on their radar. We are better trained for public health emergencies that would require us to use resources outside our own department and achieve the goal that everyone will be speaking the same language. It is more than a plaque. It is single system that overlaps with the competency standards we are moving toward in Public Health. This also could allow funding in the future.

Mary Egusquiza inquired about Darcus Allen's participation with the "All Hazardous Fire Mitigation Plan" and to see if she has received an invitation or not. Rob will follow up with Darcus.

## **DIRECTOR'S REPORT – Kathy Holley**

### FY07 State Budget

We are in the final stage of preparing the state FY07 budget. Our instructions are to budget a 1% for CEC. Budgeting a 1% is not an indicator of what the governor will do. Since the general fund accounts for roughly 20% of the seven Districts total budgets, it pays 20% of the increases. To balance the budget per the governor's instructions, we have to plan on a 2% increase from the counties, 1% from contracts, and 2.8% from fees. The 1% CEC increase costs this District \$54,000. Ed Marugg from District 6 will be presenting this year and will be looking for our board members to support him.

### Governor's 1% bonus for FY06

The governor said that if there were enough revenue by June, all state employees would receive a 1% bonus. The cost of the 1%, \$54,00, was funded at \$16,000 by the state and \$38,00 by us. Our staff will be getting their check on October 7. This is already in the budget, so no action is needed.

### NACCHO Report

The NACCHO/ASTHO annual title was 'Reversing the Tide: Promoting Policies and Programs to Advance the Nation's Health,' which was held in Boston. We heard from Secretary of Health, Mike Leavitt, former Governor of Utah. He let us know that he is deeply concerned about the distribution of vaccine and prophylaxis, which was a major theme of the conference. He reminded us about the 2002 winter games. They were going to close down the Salt Lake City airport because of an anthrax scare. However, Secretary Leavitt went to the Director of the Public Health Department regarding this decision and the Health Officer told him they believe that it was a hoax and to wait for the results of the test. They waited and it was not anthrax. He is a believer in Public Health.

Also, he reminded us about ice skater, Sarah Hughes, who was in 4<sup>th</sup> place on the final night. She skated with grace and elegance for her enjoyment since she knew she was out of running for a medal. The other women fell and she received a medal. Secretary Leavitt challenged us to skate the performance of our lives. He also suggested we read John Barry, "The Great Influenza Pandemic." He believes that we will experience the great influenza pandemic from the H5N1 virus, which is in China/Asia right now. CDC has changed their guidance to us this year that we have to practice setting up PODS – Points of Distribution Sites for mass prophylaxis. Mostly for mass antiviral as oppose to vaccine. Throughout the world, countries are stockpiling antiviral. The United States does not have sufficient numbers of antiviral, but is working on it. His point was that we must be well diverse in how to distribute large amount of medication to a lot of people quickly.

Dr. Julie Gerberding talked distribution and surveillance and believes surveillance is the answer to a lot of this. Another theme by Julie was accreditation. She commended all of us who had completed Public Health Ready and explained the new project between Robert W. Johnson and CDC. This project is to bring a panel of people together to talk about what the accreditation should look like for Public Health nationwide.

We had a panel on the accreditation process, George Bond, who is the director of Buncombe County, gave us the following words on PowerPoint – “The Tool Ain’t Perfect, Do It Yourself,” and “The Juice is Worth the Squeeze.” George made a very dry subject interesting and I suggested to Ed Marugg we ask Mr. Bond to Idaho next year for the IAB because he could explain why North Carolina did it themselves. The accreditation issue is not going away.

#### Clandestine drug lab cleanup negotiated rule making

Methamphetamine breakout session @ NACCHO was good prep for the meetings Kathy attended representing the seven Health Districts. Washington State had the best educational materials.

Health and Welfare was charged with developing standards for clandestine drug laboratories in Idaho by SB1122. After a full-day meeting on three consecutive weeks, we have a product ready for public comment. All stakeholders were invited and actively participated in the process – ISP, local police, county sheriff, clean-up companies, industrial hygienists, governor’s office, realtors, bankers, attorney general, legislators, physician, Health and Welfare, and HD’s. We came up with standards and a proposal ready to go out for Public Hearing. Our focus was on decreasing the risk to children.

#### New Law Affecting the Health Department

IC 39-118 is about accepting an engineer’s certification to lift sanitary restrictions vs. IC 50-1326 lifting sanitary restrictions. We joined with District 3 and asked our legal counsel to help us reach some sort of resolution. The issue was that our current statute 50-1326 requires DEQ to issue a certificate of approval before we can lift sanitary restrictions. We also do not have the technical expertise to review an engineer’s certificate of approval. The new law 39-118 states that plans from a certified engineer owned or operated by a city, county, or quasi-governmental corporation or regulated utility do not need to be reviewed by DEQ. Through our negotiations, we were able to get DEQ to give us a blanket approval and assume the legal responsibility of oversight.

### **EXECUTIVE SESSION ID CODE 67-2345(a) – Board of Health**

Dr. Gabica stated we would now enter in Executive session.

**Motion:** Mr. Scanlin moved and Commissioner Egusquiza seconded to go into Executive Session, under Idaho Code 67-2345 (a), for the purpose of discussing personnel matter. By



roll call vote individually (Scanlin, Young, Davis, Egusquiza, Nettleton, and Gabica) the motion was carried unanimously.

**Motion:** Mr. Scanlin moved and Commissioner Egusquiza seconded to come out of Executive Session, under Idaho Code 67-2345 (a). By roll call vote individually (Young, Scanlin, Davis, Egusquiza, Nettleton, and Gabica) the motion was carried unanimously.

## REGULAR SESSION

After the Executive Session was closed Steve Scanlin requested that Jane Young be authorized to expend an amount not to exceed \$1,000 on a gift acknowledging Kathy Holley's service.

**Motion:** Steve Scanlin moved to approve Jane Young being authorized to expend up to \$1,000 for an acknowledgement gift for Kathy Holley; Commissioner Egusquiza seconded; no discussion; all in favor; motion carried.

Dr. Gabica requested as an administrative note that this money would come out of the Board Budget.

Dr. Gabica stated that we would need to appoint a search committee for a hiring new director. Dr. Gabica will chair the committee with Betty Ann Nettleton and Steve Scanlin as members. We will report back to the Board periodically with news.

## ADJOURN

**Motion:** Mr. Scanlin made a motion to adjourn; Ms. Nettleton seconded; all in favor; motion carried. The meeting adjourned at 3.35 p.m.

Respectfully submitted:

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Date:

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Dr. Marty Gabica, Chair

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Kathy Holley, Secretary